

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. JOE DOH <hr/> NICKNAME LAST SUFFIX DOCKERY	OFFICE USE ONLY Date Received: 2009 JUL -9 Date Hand-Delivered or Date Postmarked: PH 4:06 Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 3726 EAST R.M. 2147 MARBLE FALLS, TX 78654		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (830) 693-5534		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI SAME AS ABOVE <hr/> NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE SAME		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION () SAME		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 09 6 / 30 / 09		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) COUNTY COMMISSIONER, Pct. 4	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure ** Name: N/A Address / PO Box, Apt / Suite # City State Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

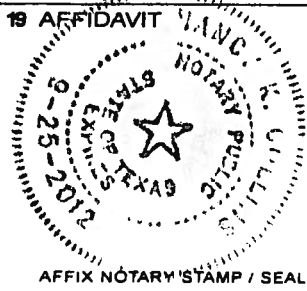
15 C/OH NAME JOE DON DOCKERY 16 ACCOUNT # (Ethics Commission File#)

17 NOTICE FROM POLITICAL COMMITTEE(S)

- This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME	<u>N/A</u>
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>N/A</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>N/A</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>N/A</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>N/A</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>871.74</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>N/A</u>



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Joe Don Dockery
Signature of Candidate or Officeholder
JOE DON DOCKERY

Sworn to and subscribed before me, by the said JOE DON DOCKERY, this the 9th day of July, 2009, to certify which, witness my hand and seal of office.

Nancy K. Collins Nancy K. Collins Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath